FORM (RF-3)

SUMMARY SHEET

(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
Automobile Liability Private	voidifie (fillifols)	Change (101-)
•		
Passenger Commercial	··· ·· · · · · · · · · · · · · · · · ·	
		· · · · · · · · · · · · · · · · · · ·
Automobile Physical Damag Private Passenger		
Commercial		
Liability Other Than Auto		
Burglary and Theft Glass		
Fidelity Surety		
Boiler and Machinery		
Fire		
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Other Workers Compensation	63,214,145	-2.4%
Life of Insurance	63,214,145	-2.4%
Life of frisulance		
Does filing only apply to certa	ain territory (territories) or	certain
Classes? If so,		
specify: NA NA		····
	····	
Brief description of filing. (If	filing follows rates of an ac	dvisory
Organization, specify		
organization):		
Adopting the loss costs and rating values from NC	· · · · · · · · · · · · · · · · · · ·	Ivisory Loss Costs, Rates, and Rating \
The second control of the Co. 100 Co. 100 Co.	Cost Multiplier is changing to 1.717.	
The overall rate effect is -2.4%. Our Loss		
*Adjusted to reflect all prior re**Change in Company's pren		

Regulatory Filing Technician

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Cha	ange in Company's premium or rate lev	rel produced by rate revision effective	3/1/2015
	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)</u> *	(3) Percent <u>Change (+ or -)**</u>
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety	· · · · · · · · · · · · · · · · · · ·	
8.	Boiler and Machinery		
9.	Fire		
	Extended Coverage		
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
15.	Other Workers' Compensation	\$1,096,629	-5.50%
	Line of Insurance		
	es filing only apply to certain territory (t	erritories) or certain classes? If so, specify:	Yes, we are moving class 2070 from
		ates of an advisory organization, specify org	ganization): We are adopting
the I	NCCI loss costs IL-2014-03 effective March 1, 20	15.	
	ljusted to reflect all prior rate changes. hange in Company's premium level wh	ich will result from application of new rates. Addiso	n Insurance Company
		N	ame of Company
		Allen R. Sorens	en, VP - Corporate Underwriting
			Official - Title

ILLINOIS SUMMARY SHEET FORM RF-3

Cha	ange in Company's premium or rate level produced by r	rate revision effective	January 1, 2015
	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1	-	volunie (minois)	Change (· or)
1.	Automobile Liability		
	Private Passenger		****
_	Commercial		
2.	Automobile Physical Damage		
	Private Passenger	4.41	
	Commercial	-	
3.	Liability Other than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire	<u></u>	
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Workers Compensation	45,892	-5.8
16.	Other	<u> </u>	
	Line of Insurance		
Doe	es filing only apply to certain territory (territories) or cert	ain classes? If so, specify	
Brie	f description of filing (if filing follows rates of an advisor	y organization, specify organiza	ation) Filing for adoption of
NCC	I Advisory Rates approved under NCCI Circular IL-201	4-06 with deviation, to be effect	ive January 1, 2015.
Revi	sion of Miscellaneous Values - Premium Determination	for Partners and Sole Proprieto	ors.
	And the second s		
*	Adjusted to reflect all prior rate changes.		
**	•	from application of now rates	
	change in Company's premium level which will result	from application of new rates.	
		American Business & Mercan	tile Insurance Mutual, Inc.
	_	Name of Co	
		Janica I. Hahan	stoin CPCII
		Janice L. Hohens Actuarial A	
	_	Official -	

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective $\frac{1/1/2015}{}$.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability	volume (minois)	Change (+ or -)
Private Passenger		
Commercial		<u> </u>
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		<u></u>
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		- ·
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		-
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	2,684,077	-6.2%
16. Other		
Line of Insurance		
	0 Ifif	
Does filing only apply to certain territory (territories) or certain cla We want to set our own rates for the coal OD codes (0156		58-2)
Brief description of filing (if filing follows rates of an advisory orga We are adopting the NCCI 1/1/15 loss costs except for the		
those codes because we do not believe the new NCCI los	s costs for those code	s are reasonable.

Adjusted to reflect all prior rate changes.

Change in Company's premium level which will result from application of new rates.

American Mining Insurance Company Name of Company

Mike Carney - Assistant VP, Compliance Official — Title

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective <u>1/1/2015</u> .

	(1)	(2) Annual Premium	(3) Percent		
	Coverage	Volume (Illinois) *	Change (+or-) **		
1.	Automobile Liability Private Passenger				
	Commercial				
2.	Automobile Physical Damage				
۷.	Private Passenger				
	Commercial				
3.	Liability Other Than Auto				
4.	Burglary and Theft				
5.	Glass				
6.	Fidelity				
7.	Surety				
8.	Boiler and Machinery				
9.	Fire				
10.					
11.	Inland Marine				
12.					
13.					
14.	- · - - · · · -				
15.		\$181,378	+4.0%		
	Life of Insurance				
Does filing only apply to certain territory (territories) or certain Classes? If so, specify: This filing applies to all territories and classes.					
	District Control	£-11			
	Brief description of filing. (If filing	tollows rates of an advisory			
	Organization, specify organization): This filing adopts a	dvisory loss costs filed by N	ICCL in		
	IL-2014-03 and approved in IL-20	114-06 We are filing class	specific LCMs		
	IL-2014-03 and approved in IL-20	514-00. VVC are ming class.	specific Colvis.		
	*Adjusted to reflect all prior rate of	changes.	-		
	**Change in Company's premium level which will result from application of new rates.				

American National Property and Casualty Company
Name of Company
Shelby Dodd – Compliance Analyst
Official – Title

ILLINOIS DEPARTMENT OF INSURANCE

Change in Company's premium or rate in	level produced by rate revision effective	1/1/2015
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent Change (+ or -)**
Automobile Liability Private		
Passenger Commercial 2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		**************************************
6. Fidelity		· · · · · · · · · · · · · · · · · · ·
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail	THE RESERVE OF THE PERSON OF T	
15. Other WC	153,720	0.0
Line of Insurance	105,720	-9.6
Does filing only apply to certain territory ((territories) or certain classes? If so, specify: h	N/A
Brief description of filing. (If filing follows	rates of an advisory organization, specify orga	anization): NCCI
	4.	
*Adjusted to reflect all prior rate changes ***Change in Company's premium level w	hich will result from application of new rates.	A CONTRACTOR OF THE CONTRACTOR
	A	Santant to come and C
	Arognaut Great C	Central Insurance Company me of Company
	Stefanie Wester	dahl Sr. Regulatory Analyst Official - Title
	•	Unicial = Title

ILLINOIS DEPARTMENT OF INSURANCE

Change in Company's premium or rate le	evel produced by rate revision effective	1/1/2015
(1) <u>Coverage</u>	(2) Annual Premium Volume (Illinois)*	(3) Percent <u>Change (+ or -)**</u>
 Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril 		
14. Crop Hail 15. Other WC Line of Insurance	4,639,785	-6.6%
1444	territories) or certain classes? If so, specify: rates of an advisory organization, specify organization.	a maraman da da Manda ara da da ara da a
*Adjusted to reflect all prior rate changes **Change in Company's premium level w	hich will result from application of new rates.	t Insurance Company
	N	lame of Company rdahl Sr. Regulatory Analyst Official – Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate I	evel produced by rate revision effective	1/1/2015
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Ilfinois)</u> *	(3) Percent Change (+ or -)**
Automobile Liability Private		
Passenger Commercial		
Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
 Extended Coverage Inland Marine 		
12. Homeowners	The second secon	
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other WC	894,160	
Line of Insurance	894,100	-4.0%
	territories) or certain classes? If so, specify: rates of an advisory organization, specify or	THE HOLD TO THE TOTAL THE TOTAL TO THE TOTAL
*Adjusted to reflect all prior rate changes. **Change in Company's premium level wl	hich will result from application of new rates.	
	Argonaut-Mic	dwest Insurance Company Jame of Company
	Stefanie Weste	erdahl Sr. Regulatory Analyst Official - Title

FORM (RF-3)

SUMMARY SHEET

	Change in Company's premium e effective 01/01/2015	or rate level produced by ra —-	te revision	
	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **	
1.	Automobile Liability Private			
	Passenger			
_	Commercial			
2.	Automobile Physical Damage			
	Private Passenger			
_	Commercial			
3.	Liability Other Than Auto			
4.	Burglary and Theft			
5.	Glass			
6.	Fidelity			
7.	Surety			
8.	Boiler and Machinery Fire			
9. 10.				
10.	Inland Marine			
12.	Homeowners			
	Commercial Multi-Peril			
	Crop Hail			
15.	•	5,345,600	-5.4	
10.	Life of Insurance	3,0 10,000	0,1	
	Does filing only apply to certain t Classes? If so, specify: N/A	erritory (territories) or certai	i n	
	Distance for the			
	Brief description of filing. (If filing Organization, specify organization): Adopting NCCI's re	·		
	while maintaining each company's current expense multiplier. This filing will apply to all ne			
	and renewal business with effect	<u>ive dates on or after Janua</u> i		
	*Adjusted to reflect all prior rate of the company's premium		application of new rates.	
		RITCO National I	neurance Company	

Name of Company

Name of Company

Dan Trotter, Director - Rate Dev & Filings

Official – Title

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/2015

	ellective <u>01/01/2015</u>	 ·			
	(1)	(2) Annual Premium	(3) Percent		
	Coverage	Volume (Illinois) *	Change (+or-) **		
1.	Automobile Liability Private Passenger Commercial				
2.	Automobile Physical Damage Private Passenger Commercial		·		
3.	Liability Other Than Auto				
4.	Burglary and Theft				
5.	Glass				
6.	Fidelity				
7.	Surety				
8.	Boiler and Machinery				
9.	Fire				
10.	Extended Coverage				
11.	Inland Marine				
12.	Homeowners				
13.					
14.	•				
15.	Other Workers Compensation Life of Insurance	10,737,714	-5.4		
	Does filing only apply to certain to Classes? If so, specify: N/A	erritory (territories) or certair	n		
	Brief description of filing. (If filing	follows rates of an advisory			
	Organization, specify	ionows rates of all advisory			
	organization): Adopting NCCI's revised loss costs per circular IL-2014-06 and IL-2013-05				
	while maintaining each company's current expense multiplier. This filing will apply to all new				
	and renewal business with effect	and renewal business with effective dates on or after January 1, 2015			
		*Adjusted to reflect all prior rate changes.			
	**Change in Company's premium	n level which will result from	application of new rates.		
		BITCO General In	surance Corporation		

Name of Company

Dan Trotter Director - Rate Dev & Filings

Official – Title

ILLINOIS DEPARTMENT OF INSURANCE

Change in Company's premium or rate lev	vel produced by rate revision effective	1/1/2015
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private Passenger Commercial		
Automobile Physical Damage Private Passenger Commercial	-	
3. Liability Other Than Auto		
Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	\$26,384,965	6.2% (est)
Does filing only apply to certain territory (t	erritories) or certain classes? If so, specify	<u>No</u>
	rates of an advisory organization, specify ones. Current LCM of 1.56 will apply to the N	
*Adjusted to reflect all prior rate changes. **Change in Company's premium level wh	nich will result from application of new rates	s. Mutual Insurance Company
		Name of Company
	Bob Crossan, \	Vice President of Underwriting Official – Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Chan	ge in Company's premium or rate level produced by rate revis	sion effective	<u></u> <u></u>	anuary 1, 2015
	(1)	(2) Annual Premium		(3) Percent
	Coverage	Volume (Illinois)*		Change (+ or -)**
1.	Automobile Liability			
	Private Passenger			
	Commercial	•		
2.	Automobile Physical Damage		<u> </u>	
	Private Passenger			
	Commercial			
3.	Liability Other Than Auto			
4.	Burglary and Theft			
5.	Glass		<u> </u>	
6.	Fidelity			
7.	Surety			
8.	Boiler and Machinery			
9.	Fire			
10.	Extended Coverage			
11.	Inland Marine			
12.	Homeowners			
13.	Commercial Multi-Peril			
14.	Crop Hail			
15.	Workers Compensation	\$23,587,704		-3.0%
16.	Other			-
	Line of Insurance			
Dass	filing only apply to certain territory (territories) or certain class	sec? If so enecify	No.	
Does	filling only apply to certain terntory (terntones) or certain class	ses! It so, specify	140.	
5 : 7	A STATE OF THE STA	institut annuif (aranaization)	Adoption of	NCCI approved
	description of filing (if filing follows rates of an advisory organi			iveer approved
VVO	kers Compensation loss costs and rating values p	Ber NCCI Circular IL-2014	-00.	
				
*	Adjusted to reflect all prior rate changes			
**	·			
	Changes in Company's premium level which will result from	i application of new rates.		
		The Charter	Oak Fire Insur	ance Company
			me of Company	
			• •	
		Hally DuDand Ca Dan	± باحداد معاملات	
		Holly DuBord, Sr. Reg		
		1	Official - Title	

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective (\$353,747) Effective 01-01-15______.

(1)	(2) Annual Premium	(3) Percent
Coverage -	Volume (Illinois) *	Change (+or-) **
Automobile Liability Private	*	
Passenger		
Commercial		
Automobile Physical Damag		
Private Passenger		•
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire	-	
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Other Worker's Compensation	\$ 5,334,255	-6.63%
Life of Insurance		
Does filing only apply to certain Classes? If so, specify:	in territory (territories) or o	certain
Brief description of filing. (If fil	ling follows rates of an ad	lvisorv
Organization, specify	g	, , , , , , , , , , , , , , , , , , , ,
organization):	NCCI	
*Adjusted to reflect all prior rat **Change in Company's preminates.	ium level which will result	
		tual Insurance Company
		ne of Company
	Lvnn Reichelt - Pro	oduct Supervisor - Casualty Lines

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate lev	el produced by rate revision effective	March 1, 2015
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
 Automobile Physical Damage Private Passenger Commercial _ 		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
O F:		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation Line of Insurance	39,998,700	-4.8
Does filing only apply to certain territory (to	erritories) or certain classes? If so, specif	y: All Classes and codes are affected.
Brief description of filing. (If filing follows rates effective 1/1/2015. Please reference		
*Adjusted to reflect all prior rate changes. **Change in Company's premium level wh	ich will result from application of new rate	es.
	The Cine	cinnati Casualty Company
		Name of Company
	Mark P	lunkett - Filing Analyst III
		Official – Title

ILLINOIS DEPARTMENT OF INSURANCE

Change in Company's premium or rate le	vel produced by rate revision effective	March 1, 2015
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation Line of Insurance	11,424,435	-3.3
Does filing only apply to certain territory (territories) or certain classes? If so, specify	r: All Classes and codes are affected.
	rates of an advisory organization, specify o e NCCI circulars IL-2014-06, IL-2014-05, a	
*Adjusted to reflect all prior rate changes **Change in Company's premium level w	hich will result from application of new rate	s.
	T . 0	and the demonstration
	I he Cinci	nnati Indemnity Company Name of Company
		маше от Сотрапу
	Mark Pi	unkett - Filing Analyst III
		Official - Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate leve	I produced by rate revision effective	March 1, 2015
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
 Automobile Physical Damage Private Passenger Commercial 	·	
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
8. Boiler and Machinery		
9. Fire 10. Extended Coverage	_	
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	6,928,845	-5.0
Line of Insurance	0,020,010	
Does filing only apply to certain territory (ter	ritories) or certain classes? If so, specify	: All Classes and codes are affected.
Brief description of filing. (If filing follows rat rates effective 1/1/2015. Please reference N	es of an advisory organization, specify o	rganization): <u>We are adopting NCCI's</u>
Tales effective 1/1/2013. Flease reference 1	VCCI circulars it 2017 00, It 2017 00 di	A 12 2011 00
*Adjusted to reflect all prior rate changes. **Change in Company's premium level which	ch will result from application of new rate	· s.
	T . 6: 1	and the common Courses
	I ne Cinci	nnati Insurance Company Name of Company
	Mark Pl	unkett - Filing Analyst III
		Official - Title

FORM (RF-3)

(1)	(2)	(3)
	Annual Premium	Percent
Coverage -	Volume (Illinois) *	_ Change (+or-) **
Automobile Liability Private		
Passenger		
Commercial		
Automobile Physical Damag		
Private Passenger		
Commercial		
iability Other Than Auto		
Burglary and Theft		
Glass		.,, , , , , , , , , , , , , , ,
Fidelity		
Surety		, , , , , , , , , , , , , , , , , , ,
Boiler and Machinery		
ire		
Extended Coverage		
nland Marine		
łomeowners		
Commercial Multi-Peril		
Crop Hail		
Other Workers' Compensation	784,790 (CY2013)	-6.2%
Life of Insurance		
Does filing only apply to certain Classes? If so,	n territory (territories) o	r certain
specify:		
Brief description of filing. (If fil	ing follows rates of an	advisory
	ing rollows rates of an e	20 V 10 O 7 Y
Jrganization, specify		
organization):		
organization):		
organization): To adopt NCCI's 1/1/2015 loss costs	e changes.	
organization): To adopt NCCI's 1/1/2015 loss costs Adjusted to reflect all prior rat		ult from application of n
organization): To adopt NCCI's 1/1/2015 loss costs Adjusted to reflect all prior rat *Change in Company's premi		ult from application of n
Organization, specify organization): To adopt NCCI's 1/1/2015 loss costs 'Adjusted to reflect all prior rat "Change in Company's premirates.	um level which will resu	ult from application of n

FORM (RF-3)

(1)	(2) Annual Premium	(3) Percent
Coverage	 Volume (Illinois) * 	Change (+or-) **
Automobile Liability Private		
Passenger		
Commercial		
Automobile Physical Damag		
Private Passenger		
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire		
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Other Workers Compensation	711,322	-5.5%
Life of Insurance		
Does filing only apply to certa Classes? If so,	ain territory (territories) or	certain
specify: No No		
Brief description of filing. (If	filing follows rates of an a	dvison
Organization, specify	iming rollows rates or arr a	u v.50. y
organization):	Falls Lake National is filing	g to adopt NCCI 01/01/2015 loss c
This filing includes a specific loss cost r		
*Adjusted to reflect all prior ra **Change in Company's pren		It from application of new
rates.	Falls Lake Nationa	I Insurance Company
		me of Company
		ach, CFO & Chief Actuary
		Official – Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Chan	ige in Company's premium or rate level produced by rate r	revision effective		January 1, 2015
	(1)	(2) Annual Premium		(3) Percent
	Coverage	Volume (Illinois)*		Change (+ or -)**
1.	Automobile Liability			
	Private Passenger			
	Commercial	-		
2.	Automobile Physical Damage			
	Private Passenger			
	Commercial			
3.	Liability Other Than Auto			
4.	Burglary and Theft			 _
5.	Glass	, 		
6.	Fidelity			
7.	Surety			
8.	Boiler and Machinery			
9.	Fire	•		
10.	Extended Coverage			
11.	Inland Marine			
12.	Homeowners			
13.	Commercial Multi-Peril			
14.	Crop Hail			
15.	Workers Compensation	\$7,401,780	<u> </u>	-3.4%
16.	Other			
	Line of Insurance			
Does	filing only apply to certain territory (territories) or certain cl	lasses? If so, specify	No.	
Brief	description of filing (if filing follows rates of an advisory org	ranization specify omanization)	Adoption o	f NCCI approved
	kers Compensation loss costs and rating value			11001 approved
VVOI	Kers Compensation less costs and ruting value	5 per 11001 Girediai 12 20	14 00.	
			·	·
		· · · · · · · · · · · · · · · · · · ·	.	
*	Adjusted to reflect all prior rate changes			
**	Changes in Company's premium level which will result fi	rom application of new rates.		
		.,		
		Г	sinatan Casuslt	
			nington Casualty	Company
			Name of Company	
		Holly DuBord, Sr. Re	gulatory Analys	t
			Official - Title	

ILLINOIS

SUMMARY SHEET (Form RF-3)

Change in Company's premium or rate level p	roduced by rate revision effective	1/1/201
(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
Automobile Liability		
Private Passenger		
Commercial		
Automobile Physical Damage		
Private Passenger		
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity	-	
Surety		
Boiler and Machinery		
Fire		
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail Other Worker's Compensation	\$8,100,000 ***	15%
Other Worker's Compensation Line of Insurance	\$6,100,000	1370
Brief Description of filing (If filing follows rates With this filing, we are proposing a rate increase of 15% fo	of an advisory organization, spec or our New & Renewal Worker's Compens	cify organization): ation Business
effective 1/1/15. Our product follows the most recent product		
Inc. (NCCI), with whom we have established affiliation. W forms, and policy, which are effective on 1/1/2015.	e will be using the most current NCCI adv	isory rates, rules,
forms, and policy, which are ellective on 1/1/2015.		
* The premium volume of \$8,100,000 represents the estima	ated premium volume for this product in 20	114
	·	
Adjusted to reflect all prior rate changes. Change in Company's premium level which wi	II result from the application of ne	w rates.
_	FIRST CHICAGO INSURA	
	Name of Com	pany
_	Lindsey Gohn - Prod	
	Official - Ti	tle

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective 5/1/2015 .

(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
Automobile Liability Private		3-1
Passenger		
Commercial		
Automobile Physical Damag		
Private Passenger		•
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire		
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail		
	3,829,424	9.3 %
Life of Insurance		
Does filing only apply to certain Classes? If so, specify: N/A	n territory (territories) or	certain
Brief description of filing. (If fili	ing follows rates of an a	dvisory
organization):	With this filing we are adopting the rate revisions s	at forth in NCCI Circular IL-2014-06 and amending our deviation strucklur
*Adjusted to reflect all prior rat	e changes.	
**Change in Company's premi	_	It from application of new

Graphic Arts Mutual Insurance Company Name of Company Diane Hausserman, Assistant Vice President & Managing Actuary Official - Title

rates.

FORM (RF-3)

SUMMARY SHEET

	(1)	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or.) **	
_	Coverage	Volume (Illinois) *	Change (+or-) **	
	Automobile Liability Private			
	Passenger			
	Commercial			
	Automobile Physical Damag			
	Private Passenger	-		
	Commercial			
	Liability Other Than Auto			
	Burglary and Theft Blass			
	Fidelity			
	Surety			
	Boiler and Machinery Fire			
	Extended Coverage			
	nland Marine			
	Homeowners			
	Commercial Multi-Peril			
	Crop Hail			
	Other Workers' Compensation	\$5,388,906	-4.2%	
	Life of Insurance	Ψ3,300,900	-4.2 /0	
(Does filing only apply to certa Classes? If so, specify: <u>No.</u>	ain territory (territories) or	certain	
	Brief description of filing. (If filing follows rates of an advisory			
	Organization, specify			
	organization):		ne NCCI advisory loss costs	
_	effective 1/1/2015. We are not filing to revise our currently approved LCM of 1.850.			
-				
•	*Adjusted to reflect all prior ra **Change in Company's pren rates.		t from application of ne	
,		Great Divide Ins	urance Company	
				
		Ivan	ne of Company	

Official - Title

ILLINOIS SUMMARY SHEET FORM RF-3

Cha	inge in Company's premium or rate level produced by	rate revision effective	January 1, 2015
	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability	voidine (illinois)	
١.	Private Passenger		
	Commercial	······································	
2.	Automobile Physical Damage		
۷.	Private Passenger		
	Commercial		
2			
3.	Liability Other than Auto		
4.	Burglary and Theft	At Alexander	-
5.	Glass		
6. –	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		*********
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Workers Compensation	11,312,352	
16.	Other		
	Line of Insurance		
	es filing only apply to certain territory (territories) or ce		ation). Filing for adoption of
	·		<u> </u>
	Advisory Rates approved under NCCI Circular IL-20		
Revi	sion of Miscellaneous Values - Premium Determination	on for Partners and Sole Proprieto	ors.
•	Adjusted to reflect all prior rate changes.		
**	change in Company's premium level which will resu	It from application of new rates.	
		Great West Casu	alty Company
	_	Name of Co	ompany
		Janice L. Hohen	stein, CPCU
	_	Actuarial A	Analyst
	•	Official -	Title

rate r	evision effective		April 01, 2015
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability Private		
	Passenger Commercial		
2.	Automobile Physical Damage		
	Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity	<u> </u>	
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compense Line of Insurance	20,556,885	-5.6%
	this filing only apply to certain terr specify:	itory (territories) or certain cla	sses? No
Brief	description of filing. (If filing follow	s rates of an advisory organiz	ation, specify organiza
Lare	ord Accident and Indemnity Comp	any will deviate -30% from the	aroun rates
	ord Accident and indemnity Comp	any wiii deviale -30% iroin the	s group rates.

9/15/2014

Hartford Accident and Indemnity Company
Name of Company
Elizabeth Creighton

Analyst Actuary Official-Title

	ge in Company's premium or rate level po revision effective	,	April 01, 2015
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	Change (+ or -)*
1.	Automobile Liability Private		
2.	Passenger Commercial Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety	*****	
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation	5,162,803	-5.6%
	Line of Insurance		
Does	this filing only apply to certain territory (te	erritories) or certain cla	sses?
	specify:	,	No

9/15/2014

including a loading for our own expenses with an expense multiplier of 2.234.

ILLINOIS DEPARTMENT OF INSURANCE

* Adjusted to reflect all prior rate changes.

** Change in the company's premium level which will result from application of new rates.

Hartford Casualty Insurance Company will deviate 20% from the group rates.

Hartford Casualty Insurance Company
Name of Company
Elizabeth Creighton
Analyst Actuary
Official-Title

Change in Company's premium or rate level produced by rate revision effective April 01, 2015				
ruic it				
	(1)	(2) Annual Premium	(3) Percent	
	Coverage	Volume (Illinois)*	Change (+ or -)**	
1.	Automobile Liability Private			
••	Passenger Commercial			
2.	Automobile Physical Damage			
	Private Passenger Commercial			
3.	Liability Other Than Auto			
4.	Burglary and Theft			
5.	Glass			
6.	Fidelity	<u>"</u>		
7.	Surety			
8.	Boiler and Machinery			
9.	Fire			
10.	Extended Coverage			
11.	Inland Marine			
12.	Homeowners			
13.	Commercial Multi-Peril			
14.	Crop Hail			
15.	Other Workers' Compensation Line of Insurance	18,634,374	-5.7%	
Does	this filing only apply to certain territory (t	erritories) or certain cla	sses?	
	specify:		<u>No</u>	
Brief o	description of filing. (If filing follows rates	s of an advisory organiz	, , ,	

9/15/2014

Hartford Fire Insurance Company Name of Company Elizabeth Creighton Analyst Actuary Official-Title

^{*} Adjusted to reflect all prior rate changes.

** Change in the company's premium level which will result from application of new rates.

Change in Company's premium or rate level produced by rate revision effective April 01, 2015				
<u>.</u>		(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.		ile Liability Private		
2.	•	er Commercial		
۷.		ile Physical Darnage assenger Commercial		
3.		other Than Auto		
4.	Burglary			
5.	Glass		4.	
6.	Fidelity			
7.	Surety			
8.	Boiler and	d Machinery		<u> </u>
9.	Fire	•		
10.	Extended	Coverage		
11.	Inland Ma	rine		
12.	Homeow	ners		
13.	Commerc	cial Multi-Peril		
14.	Crop Hail			
15.	Other	Workers' Compensation Line of Insurance	19,616,105	-5.6%
Does	this filing or	nly apply to certain territory (t	territories) or certain cla	
If so,	specify:			No

9/15/2014

* Adjusted to reflect all prior rate changes.

Hartford Insurance Company of the Midwest will deviate -45% from the group rates, including a loading for our own expenses with an expense multiplier of 1.024.

Hartford Insurance Company of the Midwest
Name of Company
Elizabeth Creighton
Analyst Actuary
Official-Title

^{**} Change in the company's premium level which will result from application of new rates.

Change in Company's premium or rate level produced by rate revision effective			April 01, 2015
	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)*
1.	Automobile Liability Private		
٠.	Passenger Commercial		
2.	Automobile Physical Damage		
	Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		- · · · · · · · · · · · · · · · · · · ·
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation Line of Insurance	18,326,401	-5.6%
Does	this filing only apply to certain territory (territories) or certain clas	sses?
	specify:	,	No

9/15/2014

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Hartford Insurance Company Of Illinois will deviate -20% from the group rates. including a loading for our own expenses with an expense multiplier of 1.490.

Hartford Insurance Company Of Illinois Name of Company Elizabeth Creighton Analyst Actuary Official-Title

^{*} Adjusted to reflect all prior rate changes.
** Change in the company's premium level which will result from application of new rates.

		(1)	(2) Annual Premium	(3) Percent
		Coverage	Volume (Illinois)*	Change (+ or -)*
1.	Automo	oile Liability Private		
		ger Commercial		
2.		oile Physical Damage		
		Passenger Commercial		
3.		Other Than Auto		
4.		and Theft		
5.	Glass			
6.	Fidelity			
7.	Surety			
8.	Boiler ar	nd Machinery		
9.	Fire			
0.	Extende	d Coverage		
1.	Inland M	larine		
12.	Homeov	vners		
13.	Comme	rcial Multi-Peril		
14.	Crop Ha	il		
15.	Other	Workers' Compensation	23,637,129	-5.6%
		Line of Insurance		
n	AL!_ 60	h. aanti ta aantain tarritan (t	arritarias) ar sartain ala	2007
	this filing of specify:	only apply to certain territory (t	erritories) or certain cla	sses? No

9/15/2014

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Hartford Underwriters Insurance Company will deviate 10% from the group rates. including a loading for our own expenses with an expense multiplier of 2.048.

* Adjusted to reflect all prior rate changes.

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Hartford Underwriters Insurance Company
Name of Company
Elizabeth Creighton
Analyst Actuary
Official-Title

^{**} Change in the company's premium level which will result from application of new rates.

FORM (RF-3)

Change in Company's premium or ra	ate level produced by rate revision
effective January 1, 2015	

-	(1)	(2) Annual Premium	(3) Percent
4	Coverage -	Volume (Illinois) *	Change (+or-) **
1.	Automobile Liability Private		
	Passenger		·
~	Commercial		
2	Automobile Physical Damag		•
	Private Passenger		
_	Commercial		
3.	Liability Other Than Auto		
4. -	Burglary and Theft	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
5.	Glass		· · · · · · · · · · · · · · · · · · ·
ŝ.	Fidelity		
7.	Surety		
3.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	\$92,646	-6.2%
	Life of Insurance		
•			
	Does filing only apply to certai	n territory (territories) or c	cenain
	Classes? If so,		
	specify: No		· · · · · · · · · · · · · · · · · · ·
	Brief description of filing. (If fil	ing follows rates of an ad	vicon/
	Organization, specify	ing rollows rates of all ad	V1307 y
	organization):	Adoption of NCCI's Worker	s Compensation Loss Costs
	organization).	, taopian of troops	Solinperiodical Escapación
		<u> </u>	
	*Adjusted to reflect all prior rat	e changes.	
	**Change in Company's premi		from application of new
	rates.		
		HDI-Gerling Americ	a Insurance Company
			ne of Company
		Kevin Purcell - Vice I	
			fficial - Title

FORM (RF-3)

(1)	(2) Annual Premium	(3) Percent
Coverage -	Volume (Illinois) *	Change (+or-) **
Automobile Liability Private		
Passenger		
Commercial		
Automobile Physical Damag		
Private Passenger		
Commercial	<u> </u>	
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire		
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail Other Workers Compensation	40.040.044	0.00
Life of Insurance	49,819,344	-6.2%
Does filing only apply to certai Classes? If so,	n territory (territories) or o	certain
specify: No		
Brief description of filing. (If fil	ing follows rates of an ac	lvisory
Organization, specify		
organization):	Adoption of NCCI's Volunt	ary Advisory Rates and Rating Va
approved effective January 1, 2015.		
*Adjusted to reflect all prior rat **Change in Company's premi		t from application of new
rates.		
10(03.	Incurance	Company of the West
rates.		e Company of the West
Totoo.	Nan	e Company of the West ne of Company teinell, Sr. Filing Analyst

ILLINOIS DEPARTMENT OF INSURANCE

Change in Company's premium or rate leve	el produced by rate revision effective	1/1/2015
(1)	(2) Annual Premium	(3) Percent Change (<u>+ or -)**</u>
<u>Coverage</u>	Volume (Illinois)*	Change (+ or -)
Automobile Liability Private Passenger Commercial		
Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft	· · · · · · · · · · · · · · · · · · ·	
5. Glass		
6. Fidelity		
7. Surety	······································	
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		· · · · · · · · · · · · · · · · · · ·
15. Other Workers' Compensation	36,206	+1.2%
Line of Insurance		
Does filing only apply to certain territory (te		
Brief description of filing. (If filing follows Advisory Loss Costs for IL effective 1/1/20	015, as detailed in Circular No. IL-2014-0	cify organization): <u>Adoption of NCCI</u> 4. The current Standard LCM of 1.88
and the Preferred LCM of 1.69 for deviated	classes will remain the same.	
*Adjusted to reflect all prior rate changes.		-
**Change in Company's premium level whi	ch will result from application of new rates	i.
	Marke	Insurance Company
		Name of Company
	Margaret Polla	rd Senior Compliance Analyst
		Official - Title

FORM (RF-3)

SUMMARY SHEET

1.		Annual Premium	(3) Percent		
1.	Coverage	Volume (Illinois) *	Change (+or-) **		
• •	Automobile Liability Private				
	Passenger				
	Commercial				
2.	Automobile Physical Damage				
	Private Passenger				
	Commercial				
3.	Liability Other Than Auto				
4.	Burglary and Theft				
5.	Glass				
6.	Fidelity				
7.	Surety				
8.	Boiler and Machinery				
9.	Fire				
10.	Extended Coverage				
11.	Inland Marine		<u> </u>		
12.	Homeowners				
13.	Commercial Multi-Peril				
14.	Crop Hail	<u> </u>			
15.	Other Workers' Compensation	\$528,751	-0.061		
	Life of Insurance				
	Does filling only apply to certain territory (territories) or certain Classes? If so, This is a reference filing for MEMIC Indemnity Company. We are adopting the change made by NCCI in specify: Circular IL-2014-06. The rate decrease shown above is the overal rate impact for our own book of business.				
	Brief description of filing. (If filing follows rates of an advisory				
	Organization, specify				
	organization): MEMIC Indemnity Company is adopting the 01/01/2015 NCCI Voluntary Advisory Rates				
	effective 01/01/2015. Our only deviation is unchanged from all prior filings - our maximum minimum premium of \$750				
	is filed instead of NCCI's maximum minimum premium of \$1,000. Please see the attached Manual Exception Page which reflects this deviation and shows the premium algorithm we filed for years 2006-2014. We are also updating our large deductible credit factors to reflect NCCI's current excess loss and allocated expense factors and current company expenses.				

Name of Company

Jeannine Reuillard - Sr Compliance Analyst

Official — Title

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective January 1, 2015

-	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **				
1.	Automobile Liability Private						
	Passenger						
2	Commercial						
2	Automobile Physical Damag Private Passenger		_				
	Commercial						
3.	Liability Other Than Auto						
4.	Burglary and Theft						
5.	Glass						
6.	Fidelity						
7.	Surety						
8.	Boiler and Machinery						
9.	Fire						
10.	Extended Coverage		_				
11.	Inland Marine						
12.	Homeowners						
13.	Commercial Multi-Peril						
14.	Crop Hail						
15.	Other Workers' Compensation	181,248	6.2%				
_	Life of Insurance						
•	Does filing only apply to certain territory (territories) or certain						
	Classes? If so,						
	specify:						
	Brief description of filing. (If filing follows rates of an advisory						
	Organization, specify organization): Adopting NCCI lost cost filing effective January 1, 2015						
	*Adjusted to reflect all prior rate above						
	*Adjusted to reflect all prior rate changes.						
	**Change in Company's premium level which will result from application of new rates.						
	raics.	Midwoot Ruildom Convelle Mutual Cama					
		Midwest Builders Casualty Mutual Company Name of Company					
	Rose Kasper - Compliance Officer						
			fficial - Title				

FORM (RF-3)

utomobile Liability Private assenger ommercial utomobile Physical Damag rivate Passenger ommercial ability Other Than Auto urglary and Theft lass idelity urety oiler and Machinery re extended Coverage land Marine omeowners ommercial Multi-Peril rop Hail ther Workers' Compensation Life of Insurance looes filing only apply to certain territo classes? If so, pecify:	ime (Illinois)	-5.5%		
assenger ommercial utomobile Physical Damag rivate Passenger ommercial ability Other Than Auto urglary and Theft lass idelity urety oiler and Machinery ire extended Coverage land Marine omeowners ommercial Multi-Peril rop Hail ther workers' Compensation Life of Insurance loos filing only apply to certain territo classes? If so, pecify:	3	-5.5%		
ommercial utomobile Physical Damag rivate Passenger ommercial ability Other Than Auto urglary and Theft lass idelity urety oiler and Machinery ire extended Coverage land Marine omeowners ommercial Multi-Peril rop Hail ther Workers' Compensation Life of Insurance looes filing only apply to certain territo classes? If so, pecify:		-5.5%		
utomobile Physical Damag rivate Passenger ommercial ability Other Than Auto urglary and Theft lass idelity urety oiler and Machinery re extended Coverage land Marine omeowners ommercial Multi-Peril rop Hail ther Workers' Compensation Life of Insurance looes filing only apply to certain territo classes? If so, pecify:		-5.5%		
rivate Passenger ommercial ability Other Than Auto urglary and Theft lass idelity urety oiler and Machinery ire extended Coverage land Marine omeowners ommercial Multi-Peril rop Hail ther workers' Compensation Life of Insurance looes filing only apply to certain territo classes? If so, pecify: erief description of filing. (If filing followed)		-5.5%		
ommercial ability Other Than Auto urglary and Theft lass idelity urety oiler and Machinery ire extended Coverage land Marine omeowners ommercial Multi-Peril rop Hail ther Workers' Compensation Life of Insurance loos filing only apply to certain territo classes? If so, pecify:		-5.5%		
ability Other Than Auto urglary and Theft lass idelity urety oiler and Machinery ire extended Coverage land Marine omeowners ommercial Multi-Peril rop Hail ther Workers' Compensation Life of Insurance classes? If so, pecify: crief description of filing. (If filing followers)	3	-5.5%		
urglary and Theft lass idelity urety oiler and Machinery ire extended Coverage land Marine omeowners ommercial Multi-Peril rop Hail ther Workers' Compensation Life of Insurance looes filing only apply to certain territo classes? If so, pecify:	3	-5.5%		
lass idelity urety oiler and Machinery ire extended Coverage land Marine omeowners ommercial Multi-Peril rop Hail ther Workers' Compensation Life of Insurance classes? If so, pecify: crief description of filing. (If filing followers)	3	-5.5%		
orief and Machinery orier and Machinery ore oxtended Coverage land Marine omeowners ommercial Multi-Peril rop Hail ther workers' Compensation Life of Insurance classes? If so, pecify: orief description of filing. (If filing followed)	3	-5.5%		
oiler and Machinery ire Extended Coverage land Marine omeowners ommercial Multi-Peril rop Hail ther Workers' Compensation Life of Insurance classes? If so, pecify: Extended Coverage 4,031,928 4,031,938 4,031,938 4,031,938 4,031,938 4,031,938 4,031,938 4,031,938 4,031,938 4	3	-5.5%		
ire ixtended Coverage land Marine omeowners ommercial Multi-Peril rop Hail ther Workers' Compensation Life of Insurance classes? If so, pecify: irief description of filing. (If filing follows)	3	-5.5%		
xtended Coverage land Marine omeowners ommercial Multi-Peril rop Hail ther Workers' Compensation 4,031,928 Life of Insurance loes filing only apply to certain territo classes? If so, pecify:	3	-5.5%		
land Marine omeowners ommercial Multi-Peril rop Hail ther Workers' Compensation Life of Insurance looes filing only apply to certain territo classes? If so, pecify:	3	-5.5%		
omeowners ommercial Multi-Peril rop Hail ther Workers' Compensation 4,031,928 Life of Insurance loes filing only apply to certain territo classes? If so, pecify:	3	-5.5%		
ommercial Multi-Peril rop Hail ther Workers' Compensation 4,031,928 Life of Insurance loes filing only apply to certain territo classes? If so, pecify:	3	-5.5%		
ther Workers' Compensation Life of Insurance Does filing only apply to certain territoclasses? If so, pecify: prief description of filing. (If filing follows)	3	-5.5%		
ther Workers' Compensation Life of Insurance loes filing only apply to certain territoclasses? If so, pecify: crief description of filing. (If filing follows)	3	-5.5%		
Life of Insurance loes filing only apply to certain territo lasses? If so, pecify: rief description of filing. (If filing folk	3	-5.5%		
loes filing only apply to certain territoclasses? If so, pecify: rief description of filing. (If filing follo				
classes? If so, pecify: rief description of filing. (If filing folk				
, , ,	ory (territories	s) or certain		
, , ,				
Brief description of filing. (If filing follows rates of an advisory				
Organization, specify rganization): 20	15 WC Rates - NO	·CI		
rganization). 20	13 WC Rates - NC		 	
Adjusted to reflect all prior rate chan Change in Company's premium lev	•	esult from applic	cation of ne	
ates.	Midwest Family Mutual Insurance Company			
	Midwest Fam	Name of Compa		
	Cindy J. Kosei	Traine or compa	uity	

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective January 1, 2015 .

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine		
11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Workers Compensation	9,538,388	-4.33
Line of Insurance Does filing only apply to certain territory (territories) or does carry deviations for NCCI classifications. See attached Miscellaneous		
Brief description of filing (if filing follows rates of an ad and deviating approved NCCI classifications.	visory organization, specify organ	Dization) Adopting NCCI's January 1, 2015 Advisory Rates
 Adjusted to reflect all prior rate changes. Change in Company's premium level which will res 	sult from application of new rates.	
	Midv	Name of Company
	Helen	Schroeder - Senior Compliance Specialist Official — Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level	produced by rate revision effective	1-1-15
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
Automobile Physical Damage		
3. Liability Other Than Auto		
4. Burglary and Theft		
6. Fidelity		
Boiler and Machinery Fire		
10. Extended Coverage	**	
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril	·	
14. Crop Hail		
15. Other Workers Compensation	\$1,908,722	2.1
Line of Insurance		
Does filing only apply to certain territory (terri		
Brief description of filing. (If filing follows rate Illinois Workers Compensation NCCI loss cos		ganization): <u>We are filing to adopt the</u>
*Adjusted to reflect all prior rate changes. **Change in Company's premium level which	will result from application of new rates	
	Notionwide B	Mutual Insurance Company
		Name of Company
	·	
	Marie T. Safreed	d, State Filing Specialist
		Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level	produced by rate revision effective	<u>1-1-15</u>	<u>1-15</u> (1) (2	
	Annual Premium	Percent		
<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>		
Automobile Liability Private				
Passenger Commercial			_	
Automobile Physical Damage Private Passenger Commercial				
Liability Other Than Auto				
4. Burglary and Theft				
5. Glass				
6. Fidelity				
7. Surety				
8. Boiler and Machinery				
9. Fire				
10. Extended Coverage				
11. Inland Marine				
12. Homeowners				
13. Commercial Multi-Peril				
14. Crop Hail				
15. Other Workers Compensation	\$2,299,020	-0.7		
Line of Insurance				
-		. M.		
Does filing only apply to certain territory (terri	tories) or certain classes? It so, specity:	NO		
	<u> </u>			
Brief description of filing. (If filing follows rate:	s of an advisory organization, specify or	rganization): We are filing to ador	t the	
Illinois Workers Compensation NCCI loss cos				
· · · · · · · · · · · · · · · · · · ·				
*Adjusted to reflect all prior rate changes.				
**Change in Company's premium level which	will result from application of new rates	i.		
		itual Fire Insurance Company		
		Name of Company		
	Marie T. Safree	d, State Filing Specialist		
		Official – Title		

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level	produced by rate revision effective	<u>1-1-15</u>
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
Automobile Physical Damage		
Private Passenger Commercial		
Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	\$137,242	1.4
Line of Insurance		
Does filing only apply to certain territory (terri	tories) or certain classes? If so, specify:	No
Brief description of filing. (If filing follows rates Illinois Workers Compensation NCCI loss cos		ganization): <u>We are filing to adopt the</u>
*Adjusted to reflect all prior rate changes. **Change in Company's premium level which	will result from application of new rates	
	Nationwide Propert	y & Casualty Insurance Company
		Name of Company
		. ,
	Marie_T. Safree	d, State Filing Specialist
		Official – Title

FORM (RF-3)

SUMMARY SHEET

(1) Coverage -	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
Automobile Liability Private Passenger		
Commercial		
Automobile Physical Damag		
Private Passenger		
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		···
Boiler and Machinery		
Fire		
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Other Workers' Compensation Life of Insurance	1,350,319 (CY2013)	-6.2%
Does filing only apply to certain	in territory (territories) or	redain
Classes? If so,	in termory (termones) or	Cottain
specify: No		
Brief description of filing. (If fi Organization, specify organization):	ling follows rates of an a	dvisory
To adopt NCCI's 1/1/2015 loss costs		
*Adjusted to reflect all prior ra **Change in Company's prem		It from application of nev
rates.	The North River In	surance Company
		me of Company
	Laura Massa - Stat	e Filings Specialist
		Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate	level produced by rate revision effective	1/1/2015
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private Passenger Commercial		
Automobile Physical Damage Private Passenger Commercial		
Liability Other Than Auto		
Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation Line of Insurance	\$4,149,713	-6.2%
Does filing only apply to certain territory	(territories) or certain classes? If so, specify:	No
Brief description of filing. (If filing follow 1/1/2015 NCCi loss costs and rating va	s rates of an advisory organization, specify or lues. Current LCM of 1.87 will apply to the No	rganization): <u>This filing is to adopt the</u> CCI loss costs adopted with this filing.
*Adjusted to reflect all prior rate change **Change in Company's premium level	which will result from application of new rates	ne Insurance Company
		Name of Company
	Bob Crossan, \	fice President of Underwriting Official - Title

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective January 1, 2015 .

-	(1)	(2) Annual Premium	(3) Percent
	Coverage	 Volume (Illinois) * 	_ Change (+or-) **
1.	Automobile Liability Private		
	Passenger		
	Commercial		
2	Automobile Physical Damag		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other 16.0 Workers Compensation	\$1,463,209	-3.00%
	Line of Insurance		
•	Does filing only apply to certa Classes? If so,	ain territory (territories) or	certain
	specify: No No		
	Brief description of filing. (If	filing follows rates of an a	ndvisorv
	Organization, specify	9 .5110110 14100 51 411 0	,
	organization):	Adoption of NCCI'S W	orkers Compensation Loss
	Costs and Company LCM Revision		· · · · · · · · · · · · · · · · · · ·
	*Adjusted to reflect all prior ra		dt from oppliedlie of some
	**Change in Company's prenates.	nium ievei wnich will resu	iit irom application of new
		Nova Casualtv	Company

Name of Company Sonja Rodebaugh, VP & Director of Compliance (M&C)

FORM RF-3

Chan	ge in Company's premium or rate level produced by rate revisi	ion effective	Ja	anuary 1, 2015
	(1) Coverage	(2) Annual Premium Volume (Illinois)*		(3) Percent Change (+ or -)**
	Coverage	Volume (minois)		Change (1 or)
1.	Automobile Liability			
	Private Passenger			
	Commercial		_	
2.	Automobile Physical Damage			
	Private Passenger		_	
	Commercial			
3.	Liability Other Than Auto			
4.	Burglary and Theft			
5.	Glass			
6.	Fidelity		_	
7.	Surety			
8.	Boiler and Machinery			
9.	Fire		_	
10.	Extended Coverage			
11.	Inland Marine		 -	
12.	Homeowners			
13.	Commercial Multi-Peril			
14.	Crop Hail			
15.	Workers Compensation	\$30,174,625		-2.7%
16.	Other			
. •.	Line of Insurance		_	
Does	filing only apply to certain territory (territories) or certain classes	es? If so, specify	<u>No</u>	
Brief	description of filing (if filing follows rates of an advisory organiz	zation, specify organization)	Adoption of I	NCCI approved
	kers Compensation loss costs and rating values pe			
	Adjusted to reflect all prior rate changes			
**	Changes in Company's premium level which will result from	application of new rates.		
		The Pho	oenix Insurance	Company
			me of Company	<u> </u>
		110	or ouriporty	
		Holly DuBord, Sr. Regu	ulatory Analyst	
			Official - Title	-

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate le	evel produced by rate revision effective	1/1/2015
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
Automobile Physical Damage Private Passenger Commercial		
Liability Other Than Auto		
Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
 Extended Coverage Inland Marine 	<u> </u>	
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	\$5,977,601	-6.2%
Line of Insurance	φο,ονν,οσι	
Does filing only apply to certain territory	(territories) or certain classes? If so, specify	y: <u>No</u>
Brief description of filing. (If filing follows 1/1/2015 NCCI loss costs and rating values.)	rates of an advisory organization, specify ues. Current LCM of 2.15 will apply to the t	organization): This filing is to adopt the NCCI loss costs adopted with this filing.
*Adjusted to reflect all prior rate changes **Change in Company's premium level w	s. which will result from application of new rate	s.
	Pinnacle	Point Insurance Company
		Name of Company
	Bob Crossan,	Vice President of Underwriting Official – Title

	nge in Company's premium or rate level revision effective	produced by	April 01, 2015
	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)*
1.	Automobile Liability Private		
	Passenger Commercial		
2.	Automobile Physical Damage		
_	Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11. 12.	Inland Marine		
12. 13.	Homeowners Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation	7,685,501	-5.6%
IJ.	Line of Insurance	1,003,501	-5.0 /6
			_
	this filing only apply to certain territory (, specify:	territories) or certain cla	sses? No
II SO	, specily.		140

Filing Date:

9/15/2014

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Property and Casualty Insurance Company of Hartford will deviate 30% from the group rates. including a loading for our own expenses with an expense multiplier of 2.421.

Property and Casualty Insurance Company of Hartford Name of Company Elizabeth Creighton Analyst Actuary Official-Title

^{*} Adjusted to reflect all prior rate changes.

^{**} Change in the company's premium level which will result from application of new rates.

FORM (RF-3)

SUMMARY SHEET

(1)	(2) Annual Premium	(3) Percent
Coverage	 Volume (Illinois) * 	Change (+or-) **
Automobile Liability Private		
Passenger		
Commercial		
Automobile Physical Damag		
Private Passenger		
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire		
Extended Coverage		- <u></u>
Inland Marine		
Homeowners		
Commercial Multi-Peril	· · · · · · · · · · · · · · · · · · ·	····
Crop Hail		
Other Workers Compensation	345,319	6.9 %
Life of Insurance		0.0 //
Does filing only apply to certa	ain territory (territories) er	certain
Classes? If so,	in territory (territories) or	Certain
specify: N/A		
specify.		
Brief description of filing. (If f	iling follows rates of an a	dvison
Organization, specify	ining ronows rates or arr a	avisory
organization):	With this fling we are adopting the rate revisions so	et forth in NCCI Circular IL-2014-06 and amending our devia
organization).		

Republic-Franklin Insurance Company

Name of Company

Diane Hausserman, Assistant Vice President & Managing Actuary

SUMMARY SHEET

Sean Ritson – AVP – C/L Pricing
Official - Title

	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
•	Commercial		
3.	Liability Other Than Auto		· · · · · · · · · · · · · · · · · · ·
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety	····	
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
1.	Inland Marine		
12.	Homeowners		-
13.	Commercial Multi-Peril		-
14.	Crop Hail		0.10/
	041		
	Other Workers Compensation	4,194,780	-8.1%
	Other Workers Compensation Line of Insurance	4,194,780	-8.1%
5.	Line of Insurance	4,194,780 rritories) or certain classes? If so, specify:	
5. oes f	Line of Insurance		
5. oes f	Line of Insurance		
5. oes i	Line of Insurance	rritories) or certain classes? If so, specify:	
5. Des f	Line of Insurance filing only apply to certain territory (te		
5. Des f	Line of Insurance	rritories) or certain classes? If so, specify:	
5. Des f	Line of Insurance filing only apply to certain territory (te	rritories) or certain classes? If so, specify:	
oes i	Line of Insurance filing only apply to certain territory (te	rritories) or certain classes? If so, specify:	
oes f No rief o	Line of Insurance filing only apply to certain territory (te	rritories) or certain classes? If so, specify:	
No Pleas	Line of Insurance The control of th	rates of an advisory organization, specify	
5. No Pleas	Line of Insurance Table 1	rates of an advisory organization, specify	
15. No Pleas A C	Line of Insurance The control of th	rates of an advisory organization, specify	
15. No rrief (Pleas * A * C	Line of Insurance Table 1	rates of an advisory organization, specify	
15. noes f No rrief (Pleas * A	Line of Insurance Table 1	rates of an advisory organization, specify	organization):
noes in No	Line of Insurance Table 1	rates of an advisory organization, specify i	organization):
5. No rief (Pleas * A	Line of Insurance Table 1	rates of an advisory organization, specify	organization):

SUMMARY SHEET

	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial	<u> </u>	
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	_7,757,988	-6.6%
	Line of Insurance		
	filing only apply to certain territory (ter	ritories) or certain classes? If so, specify:	
No			
		rates of an advisory organization, specify	organization):
Pleas	se see explanatory memo.		
_			

Selective Insurance Company of South Carolina

Name of Company

Sean Ritson – AVP – C/L Pricing
Official - Title

SUMMARY SHEET

(Change in Company's premium or rate	level produced by rate revision effective	2/1/2015
	(1) <u>Coverage</u>	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		·
8.	Boiler and Machinery		· · · · · · · · · · · · · · · · · · ·
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine	-	
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		·
15.	Other Workers Compensation	3,707,014	-2.2%
15.	Line of Insurance	3,707,014	
	Line of modrance		
Does f	iling only apply to certain territory (ter	ritories) or certain classes? If so, specify:	
* Ac	1	rates of an advisory organization, specify o	organization):

Selective Insurance Company of the Southeast

Name of Company

Sean Ritson – AVP – C/L Pricing
Official - Title

			•
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	Change (+ or -)*
1.	Automobile Liability Private		
	Passenger Commercial		
2.	Automobile Physical Damage		-
	Private Passenger Commercial		
3.	Liability Other Than Auto		****
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7,	Surety		
8.	Boiler and Machinery		
9.	Fire		
0.	Extended Coverage		
11.	Inland Marine		
2.	Homeowners		
3.	Commercial Multi-Peril		
4.	Crop Hail		
5.	Other Workers' Compensation	17,682,570	-5.6%
	Line of Insurance		

Filing Date:

9/15/2014

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Sentinel Insurance Company, Ltd. will deviate -25% from the group rates. including a loading for our own expenses with an expense multiplier of 1.396.

* Adjusted to reflect all prior rate changes.

ILLINOIS DEPARTMENT OF INSURANCE

Sentinel Insurance Company, Ltd.
Name of Company
Elizabeth Creighton
Analyst Actuary
Official-Title

^{**} Change in the company's premium level which will result from application of new rates.

1.

2

3. 4. 5. 6. 7. 8. 9. 11. 12. 13. 14. 15.

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

| (1) | (2)
Annual Premium | (3)
Percent |
|--|---------------------------------------|--|
| Coverage | Volume (Illinois) * | Change (+or-) ** |
| Automobile Liability Private | | |
| Passenger | | |
| Commercial | | |
| Automobile Physical Damag | | |
| Private Passenger | | |
| Commercial | | |
| Liability Other Than Auto | | |
| Burglary and Theft | | |
| Glass | | |
| Fidelity | | |
| Surety | | |
| Boiler and Machinery | | |
| Fire | | |
| Extended Coverage | · · · · · · · · · · · · · · · · · · · | |
| Inland Marine | | |
| Homeowners | | |
| Commercial Multi-Peril | | |
| Crop Hail | | |
| Other Workers' Compensation | \$1,445,716 | 0 |
| Line of Insurance | | |
| Does filing only apply to certai | n territory (territories) or | certain |
| Classes? If so, | riteritory (territories) or | CCITAIN |
| specify: No No | | |
| specify. | | |
| Brief description of filing. (If fil | ing follows rates of an ar | dvisory |
| Organization, specify | ing rollows rates or all at | a vectory |
| organization): | NCCI - Illinois Adoption - Il | llinois Voluntary Market Advisory F |
| Loss Costs and Rating Values. Circular # | | ······································ |

Name of Company
Temica Taylor, State Filings Analyst

Official – Title

^{*}Adjusted to reflect all prior rate changes.

^{**}Change in Company's premium level which will result from application of new rates.

FORM (RF-3)

SUMMARY SHEET

| (1) | (2)
Annual Premium | (3)
Percent |
|---------------------------------------|--|---|
| Coverage | Volume (Illinois) * | Change (+or-) ** |
| Automobile Liability Private | | |
| Passenger | | |
| Commercial | | |
| Automobile Physical Damag | | |
| Private Passenger | | |
| Commercial | | |
| Liability Other Than Auto | | |
| Burglary and Theft | | |
| Glass | And the state of t | |
| Fidelity | | |
| Surety | | |
| Boiler and Machinery | | |
| Fire | *************************************** | |
| Extended Coverage | | |
| Inland Marine | | |
| Homeowners | | |
| Commercial Multi-Peril | | |
| Crop Hail | | |
| Other Workers' Compensation | \$211.943 | 0 |
| Line of Insurance | | |
| Does filing only apply to cer | tain torritory (torritories) or a | nortain |
| Classes? If so, | tain termory (termones) or t | Certain |
| specify: No | | |
| Specify. | ······ | |
| Brief description of filing. (I | f filing follows rates of an ad | lvison |
| Organization, specify | ming follows rates of art ac | i visor y |
| organization): | NCCI - Illinois Adoption - Illi | inois Voluntary Market Advisory I |
| Loss, Costs, and Rating Values. Circu | | Total Control of the |
| | | |

Sompo Japan Fire and Marine Insurance Company of America

Name of Company Temica Taylor, State Filings Analyst

rates.

FORM RF-3

| han | ge in Company's premium or rate level produced by rate revi | ision effective | J | anuary 1, 2015 |
|-------|--|---------------------------------------|----------------------------------|-------------------|
| | (1) | (2)
Annual Premium | | (3)
Percent |
| | Coverage | Volume (Illinois)* | | Change (+ or -)** |
| 1. | Automobile Liability | | | |
| | Private Passenger | | | |
| | Commercial | | | |
| 2. | Automobile Physical Damage | | | |
| | Private Passenger
Commercial | · · · · · · · · · · · · · · · · · · · | _ | |
| 3. | Liability Other Than Auto | | | |
| 4. | Burglary and Theft | | _ | |
| 5. | Glass | | | |
| 3. | Fidelity | | | |
| 7. | Surety | | | |
| 3. | Boiler and Machinery | | _ | |
| €. | Fire | | | |
| 0. | Extended Coverage | | | |
| 1. | Inland Marine | | _ | |
| 2. | Homeowners | | | |
| 3. | Commercial Multi-Peril | | | |
| 4. | Crop Hail | | | |
| 5. | Workers Compensation | \$7,618,952 | | -3.5% |
| 6. | Other | | | |
| | Line of Insurance | | <u> </u> | |
| oes | filing only apply to certain territory (territories) or certain clas | ses? If so, specify | No. | <u> </u> |
| ief (| description of filing (if filing follows rates of an advisory organ | nization, specify omanization) | Adoption of | NCCI approved |
| | kers Compensation loss costs and rating values i | | | |
| | | | | - |
| | | | | |
| * | Adjusted to reflect all prior rate changes | | | |
| * | Changes in Company's premium level which will result from | m application of new rates. | | |
| | | The Stand | ord Fire Incure | noo Company |
| | | | ard Fire Insura
me of Company | nce Company |
| | | Holly DuBord, Sr. Reg | ulatory Analyst | |
| | | | | |
| | | • | Official - Title | • |

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

| Change in Company's premium or rate le | evel produced by rate revision effective | 1/1/2015 |
|--|--|--|
| (1)
<u>Coverage</u> | (2)
Annual Premium
<u>Volume (Illinois)*</u> | (3)
Percent
<u>Change (+ or -)**</u> |
| Automobile Liability Private | | |
| Passenger Commercial | | |
| 2. Automobile Physical Damage
Private Passenger Commercial | | |
| Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | · · · · · · · · · · · · · · · · · · · | |
| 7. Surety8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | *** | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | · - | |
| 15. Other Workers Compensation | \$5,967,985 | -6.2% |
| Line of Insurance | | |
| Does filing only apply to certain territory | (territories) or certain classes? If so, specify | No |
| Brief description of filing. (If filing follows 1/1/2015 NCCI loss costs and rating value) | rates of an advisory organization, specify oues. Current LCM of 1.17 will apply to the N | rganization): This filing is to adopt the CCI loss costs adopted with this filing. |
| *Adjusted to reflect all prior rate changes **Change in Company's premium level v | s.
which will result from application of new rates | j. |
| | _ | |
| | | oint Insurance Company |
| | | Name of Company |
| | Bob Crossan, | Vice President of Underwriting Official – Title |
| | | - |

FORM RF-3

| Change in Company's premium or rate level produced by rate re- | | revision effective January 1, | | anuary 1, 2015 |
|--|--|-------------------------------|------------------|---------------------------------------|
| | (1) | (2) Annual Premium | | (3) Percent |
| | Coverage | Volume (Illinois)* | | Change (+ or -)** |
| 1. | Automobile Liability Private Passenger | | | |
| | Commercial | | | |
| 2. | Automobile Physical Damage Private Passenger Commercial | | | |
| 3. | Liability Other Than Auto | | | |
| 4. | Burglary and Theft | | | |
| 5. | Glass | | <u> </u> | |
| 6. | Fidelity | | | |
| 7. | Surety | | _ | |
| 8. | Boiler and Machinery | | | |
| 9. | Fire | | | |
| 10. | Extended Coverage | | | |
| 11. | Inland Marine | | | |
| 12.
13. | Homeowners | | _ | |
| 13.
14. | Commercial Multi-Peril | | | |
| 1 4 .
15. | Crop Hail Workers Compensation | \$14,984,619 | | -2.8% |
| 16. | Other | Ψ14,304,013 | | -2.070 |
| 10. | Line of Insurance | | | |
| | Ellie of trisdiance | | | |
| Does | filing only apply to certain territory (territories) or certain cla | asses? If so, specify | No. | |
| | description of filing (if filing follows rates of an advisory orga
kers Compensation loss costs and rating values | | | ICCI approved |
| | | | | |
| * | Adjusted to reflect all prior rate changes
Changes in Company's premium level which will result fro | om application of new rates. | | |
| | | <u></u> | | |
| | | | | ompany of America |
| | | Na | ime of Company | |
| | | | | |
| | | Holly DuBord, Sr. Reg | ulatory Analyst | |
| | | | Official - Title | · · · · · · · · · · · · · · · · · · · |

FORM RF-3

| Change in Company's premium or rate level produced by rate revis | | revision effective | January 1, 2015 |
|--|--|---------------------------------|---------------------------|
| | (1) | (2) Annual Premium | (3) Percent |
| | Coverage | Volume (Illinois)* | Change (+ or -)** |
| 1. | Automobile Liability | | |
| | Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damage | | |
| | Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | 100 |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | - | |
| 12. | Homeowners | · | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Workers Compensation | \$15,810,315 | -3.3% |
| 16. | Other | | |
| | Line of Insurance | | |
| | | | |
| Does | filing only apply to certain territory (territories) or certain of | classes? If so, specify | No. |
| | | | |
| | description of filing (if filing follows rates of an advisory or | | Adoption of NCCI approved |
| Wor | kers Compensation loss costs and rating value | es per NCCI Circular IL-2014-06 | • |
| | | | |
| | | | |
| | | | |
| * | Adjusted to reflect all prior rate changes | | |
| ** | Changes in Company's premium level which will result to | from application of new rates. | |
| | | Travelers Cas | sualty & Surety Company |
| | | | of Company |
| | | | |
| | | Holly DuBord, Sr. Regulat | ory Analyst |

FORM RF-3

| Chan | ge in Company's premium or rate level produced by rate | revision effective | January 1, 2015 |
|------------|---|---------------------------------------|-----------------------------|
| | (1) | (2)
Annual Premium | (3)
Percent |
| | Coverage | Volume (Illinois)* | Change (+ or -)** |
| 1. | Automobile Liability | | |
| | Private Passenger | | |
| | Commercial | | |
| | Automobile Physical Damage | | |
| | Private Passenger | | |
| | Commercial | | |
| | Liability Other Than Auto | | |
| . | Burglary and Theft | · · · · · · · · · · · · · · · · · · · | |
| j. | Glass | | |
| i. | Fidelity | ··· | |
| | Surety | | • |
| 3. | Boiler and Machinery | | |
| ١. | Fire | | |
|). | Extended Coverage | | |
| ١. | Inland Marine | | |
| 2. | Homeowners | | |
| 3. | Commercial Multi-Peril | | |
| 4. | Crop Hail | | · |
| 5. | Workers Compensation | \$6,534,210 | -2.9% |
| 3 . | Other | | |
| | Line of Insurance | | |
| | | | |
| es | filing only apply to certain territory (territories) or certain o | lasses? If so, specify No. | o |
| | | | |
| ief d | description of filing (if filing follows rates of an advisory or | ganization, specify organization) AC | doption of NCCI approved |
| orl | ers Compensation loss costs and rating value | | |
| _ | | | |
| _ | | | |
| | | | |
| * | Adjusted to reflect all prior rate changes | | |
| | Changes in Company's premium level which will result | rom application of new rates. | |
| | | The Travelers Indem | nity Company of Connecticut |
| | | | Company |
| | | Halla Barbara Communication | A L L |
| | | Holly DuBord, Sr. Regulator | y Analyst |

FORM RF-3

| Change in Company's premium or rate level produced by rate revis | | ate revision effective | January 1, 2015 | |
|--|--|---|---------------------------------------|--|
| | (1)
Coverage | (2)
Annual Premium
Volume (Illinois)* | (3)
Percent
Change (+ or -)** | |
| 1. | Automobile Liability | | | |
| | Private Passenger | | | |
| | Commercial | | | |
| 2. | Automobile Physical Damage | | | |
| | Private Passenger | | · · · · · · · · · · · · · · · · · · · | |
| | Commercial | | | |
| 3. | Liability Other Than Auto | | | |
| 4. | Burglary and Theft | | | |
| 5. | Glass | | | |
| 6. | Fidelity | | | |
| 7. | Surety | | | |
| 8. | Boiler and Machinery | | | |
| 9. | Fire | | | |
| 10. | Extended Coverage | | | |
| 11. | Inland Marine | | · · · · · · · · · · · · · · · · · · · | |
| 12. | Homeowners | | | |
| 13. | Commercial Multi-Peril | | | |
| 14. | Crop Hail | | | |
| 15. | Workers Compensation | \$37,951,768 | -2.7% | |
| 16. | Other | | · | |
| | Line of Insurance | | | |
| Does | filing only apply to certain territory (territories) or certain | ain classes? If so, specify | No. | |
| | description of filing (if filing follows rates of an advisor
kers Compensation loss costs and rating va | | Adoption of NCCI approved | |
| | | | | |
| * | Adjusted to reflect all prior rate changes | | | |
| ** | Changes in Company's premium level which will res | cult from application of new rates | | |
| | Changes in Company's premium level which will res | suit from application of flew rates. | | |
| | | The Travelers Ind | emnity Company of America | |
| | | | of Company | |
| | | Holly DuBord, Sr. Regulate | ory Analyst | |

FORM RF-3

| Change in Company's premium or rate level produced by rate revisi | | evision effective January | | lanuary 1, 2015 |
|---|---|---|-----------------|-------------------------------------|
| | (1)
Coverage | (2)
Annual Premium
Volume (Illinois)* | | (3)
Percent
Change (+ or -)** |
| | Coverage | volume (illinois) | | Change (+ or -) |
| 1. | Automobile Liability | | | |
| | Private Passenger | | | |
| | Commercial | | | |
| 2. | Automobile Physical Damage | | | |
| | Private Passenger | | | |
| | Commercial | | | |
| 3. | Liability Other Than Auto | | | |
| 4. | Burglary and Theft | | | |
| 5. | Glass | | _ | |
| 6. | Fidelity | | | |
| 7. | Surety | | | |
| 8. | Boiler and Machinery | | | |
| 9. | Fire | | | |
| 10. | Extended Coverage | <u> </u> | | |
| 11. | Inland Marine | | | |
| 12. | Homeowners | | _ | |
| 13. | Commercial Multi-Peril | | _ | |
| 14. | Crop Hail | | _ | - |
| 15. | Workers Compensation | \$17,940,315 | _ | -3.8% |
| 16. | Other | | | |
| | Line of Insurance | • • | _ | |
| | | | | |
| Does | filing only apply to certain territory (territories) or certain cla | sses? If so, specify | No. | |
| | | | | |
| Brief | description of filing (if filing follows rates of an advisory orga | anization, specify organization) | Adoption of | NCCI approved |
| Worl | kers Compensation loss costs and rating values | per NCCI Circular IL-2014 | -06. | |
| | | • | | · · · · |
| | | | | |
| | | | | |
| * | Adjusted to reflect all prior rate changes | | | |
| ** | Changes in Company's premium level which will result from | om application of new rates. | | |
| | | | | |
| | | Travelers Prone | rty Casualty C | ompany of America |
| | | | ne of Company | ompany of Affenda |
| | | 140 | no or company | |
| | | Hally Don On D | | |
| | | Holly DuBord, Sr. Regu | Jiatory Analyst | |

FORM RF-3

| Change in Company's premium or rate level produced by rate revision | | sion effective | Ja | January 1, 2015 | |
|---|--|-----------------------------|------------------|-------------------|--|
| | (1) | (2)
Annual Premium | | (3)
Percent | |
| | Coverage | Volume (Illinois)* | | Change (+ or -)** | |
| 1. | Automobile Liability | | | | |
| | Private Passenger | | | | |
| | Commercial | | • | | |
| 2. | Automobile Physical Damage | | | | |
| | Private Passenger | | | | |
| | Commercial | | | | |
| 3. | Liability Other Than Auto | | _ | | |
| 4. | Burglary and Theft | | _ | | |
| 5. | Glass | | | | |
| 6. | Fidelity | | | | |
| 7. | Surety | | | | |
| 8. | Boiler and Machinery | | | | |
| 9. | Fire | | | | |
| 10. | Extended Coverage | | | | |
| 11. | Inland Marine | | | | |
| 12. | Homeowners | | <u></u> | | |
| 13. | Commercial Multi-Peril | | | | |
| 14. | Crop Hail | | | | |
| 15. | Workers Compensation | \$19,335,167 | | -2.5% | |
| 16. | Other | | | | |
| | Line of Insurance | | | | |
| Does | filing only apply to certain territory (territories) or certain class | ses? If so, specify | No. | | |
| | description of filing (if filing follows rates of an advisory organikers Compensation loss costs and rating values p | | | NCCI approved | |
| | | | | | |
| | | | | | |
| * | Adjusted to reflect all prior rate changes Changes in Company's premium level which will result from | n application of new rates. | | | |
| | | | | | |
| | | | velers Indemnity | Company | |
| | | Na | me of Company | - - | |
| | | Holly DuBord, Sr. Regi | ulatoni Analyst | | |
| | | | Official - Title | | |
| | | (| Jinciai - 1106 | | |

| | (1) | (2) | (3) |
|------|--|--|------------------|
| | (., | Annual Premium | Percent |
| | Coverage | Volume (Illinois)* | Change (+ or -)* |
| 1. | Automobile Liability Private | | |
| ' ' | Passenger Commercial | | |
| 2. | Automobile Physical Damag | e | |
| | Private Passenger Commer | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | <u> </u> | |
| 14. | Crop Hail | | |
| 15. | Other Workers' Compe | nsation 54,758,811 | -5.6% |
| | Line of Insurar | | |
|)nec | this filing only apply to certain t | territory (territories) or certain of | 20002 |
| | | territory (territories) or certain ca | 13363 :
No |
| | this filing only apply to certain specify: | territory (territories) or certain cla | asses? |

Filing Date:

9/15/2014

Twin City Fire Insurance Company will deviate 0% from the group rates. including a loading for our own expenses with an expense multiplier of 1.862.

> Twin City Fire Insurance Company Name of Company Elizabeth Creighton Analyst Actuary Official-Title

^{*} Adjusted to reflect all prior rate changes.
** Change in the company's premium level which will result from application of new rates.

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

| Cha | ange in Company's premium or rate le | evel produced by rate revision effective | 3/1/2015 |
|--------|---|--|------------------------------------|
| | (1) | (2)
Annual Premium | (3)
Percent |
| | Coverage | Volume (Illinois)* | <u>Change (+ or -)**</u> |
| 1. | Automobile Liability | | |
| | Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damage | | |
| | Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | *** | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other Workers' Compensation | \$9,426,352 | -6.10% |
| | Line of Insurance | | |
| | | | |
| Doe | es filing only apply to certain territory (| territories) or certain classes? If so, specify: | Yes, we are moving class 2070 from |
| the c | debited to the standard Loss Cost Multipliers. | | |
| | | | |
| | | rates of an advisory organization, specify orga | |
| the N | NCCI loss costs IL-2014-03 effective March 1, 2 | 015, and revising our Loss Cost Mulitplier for the credited of | classes. |
| | | | |
| * ^ -1 | Control to reflect all prior rate abances | | |
| | justed to reflect all prior rate changes | hich will result from application of new rates. | |
| C | nange in Company's premium level w | mich will result from application of new rates. | |
| | | United Fine & Consu | n la . |
| | | United Fire & Casua | ne of Company |
| | | Nar | не от Сопірапу |
| | | Allon D. Samasan | , VP - Corporate Underwriting |
| | | | official – Title |
| | | · · · · · · · · · · · · · · · · · · · | TITOTAL - TIBE |

FORM (RF-3)

SUMMARY SHEET

| | (1) | · · · · · · | (2)
Il Premium | (3)
Percent |
|--------|--------------------------------------|---------------------------------------|-------------------|---------------------------------------|
| | Coverage | | e (Illinois) * | _ Change (+or-) ** |
| Autor | mobile Liability Pri | vate | | |
| Pass | enger | | | |
| | mercial | | | |
| | mobile Physical D | amag | | |
| | te Passenger | | | · · · · · · · · · · · · · · · · · · · |
| | mercial | | | |
| | ity Other Than Au | to | | |
| _ | ary and Theft | · · · · · · · · · · · · · · · · · · · | | |
| Glass | | | | |
| Fideli | • | | | |
| Suret | • | | | |
| | r and Machinery | | | |
| Fire | | | | |
| | ided Coverage | | | |
| _ | d Marine | | <u></u> | |
| | eowners | | | |
| | mercial Multi-Peril | | | |
| Crop | | | (0)(00.10) | |
| Omer | Workers' Compensation | 6,908,253 | (CY2013) | -6.2% |
| | Life Of Hisurance | C | | |
| | s filing only apply t
ses? If so, | o certain territory | (territories) or | certain |
| spec | ify: | No | | |
| | | | | |
| | description of filin | g. (If filing follow | s rates of an a | dvisory |
| | nization, specify | | | |
| - | nization): | | | |
| To add | opt NCCI's 1/1/2015 loss | COSTS | | · · · · · · · · · · · · · · · · · · · |
| *Adiu | isted to reflect all | prior rate change | S | |
| | | | | It from application of n |
| rates | | • | | • • |
| | | U | nited States Fire | Insurance Company |
| | | +10011 | Na | me of Company |
| | | Li | aura Massa - Stat | e Filings Specialist |
| | | - | | Official – Title |

FORM (RF-3)

SUMMARY SHEET

| Change in Company's premium or rate level produced by rate revision |
|---|
| effective 5/1/2015 |
| |

| - | (1) | (2)
Annual Premium | (3)
Percent |
|------------|---|---|--|
| | Coverage | Volume (Illinois) * | Change (+or-) ** |
| 1. | Automobile Liability Private | | |
| | Passenger | | |
| | Commercial | | |
| 2 | Automobile Physical Damag | | |
| | Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 3 . | Fidelity | | |
| 7. | Surety | | |
| 3. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other Workers Compensation | 1,356,738 | 8.0 % |
| | Life of Insurance | | |
| • | Does filing only apply to certai Classes? If so, | n territory (territories) or o | certain |
| | specify: N/A | | |
| | | | |
| | Brief description of filing. (If fil Organization, specify | | · |
| | organization): | With this filing we are adopting the rate revisions set | forth in NCCI Circular IL-2014-06 and amending our deviation struckture. |
| | We are amending our deviation | | |
| | *Adjusted to reflect all price and | o changes | |
| | *Adjusted to reflect all prior rat **Change in Company's premi | | from application of new |

Utica Mutual Insurance Company
Name of Company Diane Hausserman, Assistant Vice President & Managing Actuary

rates.

FORM (RF-3)

SUMMARY SHEET

| Annual Premium | (3)
Percent |
|--|--|
| Volume (Illinois) * | Change (+or-) ** |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 5251655 | -2.4 |
| | |
| n territory (territories) or g | certain |
| -f | |
| | · |
| ing follows rates of an ac | Ivisory |
| Maninas basely Sideras for your approval our adequate of | the NCC and advantage of the State of the St |
| WHITE INTERVIOUS IN YOUR HOPEVER OUT MUSICAL IN | the record new advancey rates electron (1775, with a * 1-% deviate) |
| | |
| e changes | |
| um level which will result | from application of ne |
| Vanliner Insurance | Company |
| | 5251655 n territory (territories) or general efference Filling Number IL-2014-06 ing follows rates of an action of various hereby Submits for your approval our adoption of the changes. um level which will result |

| | (1) | (2) | (3) |
|-------|---|--------------------------------------|------------------------------|
| | Coverage | Annual Premium
Volume (Illinois)* | Percent
Change (+ or -)** |
| 1. A | Automobile Liability Private | | |
| F | Passenger Commercial | | |
| 2. | Automobile Physical Damage | | |
| F | Private Passenger Commercial | | |
| 3. L | Liability Other Than Auto | | |
| 4. E | Burglary and Theft | | |
| 5. (| Glass | | |
| 6. F | Fidelity | | |
| 7. | Surety | | |
| 8. E | Boiler and Machinery | | |
| 9. F | Fire | | |
| 10. E | Extended Coverage | <u> </u> | |
| 11. 1 | nland Marine | | |
| 12. F | Homeowners | | |
| 13. (| Commercial Multi-Peril | | |
| 14. (| Crop Hail | | |
| 15. (| Other Workers' Compensation Line of Insurance | 17,835,116 | -5.6% |

Filing Date:

9/15/2014

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Trumbull Insurance Company will deviate -40% from the group rates. including a loading for our own expenses with an expense multiplier of 1.117.

Trumbull Insurance Company
Name of Company
Elizabeth Creighton
Analyst Actuary
Official-Title

^{*} Adjusted to reflect all prior rate changes.

^{**} Change in the company's premium level which will result from application of new rates.

ILLINOIS SUMMARY SHEET FORM RF-3

| Change in company's premium or rate level produced by rate revision effective | | | 1/1/2015 | |
|---|---|---|--|---------------|
| | (1)
Coverage | (2)
Annual Premium
Volume (Illinois)* | (3)
Percent
Change (+ or -)** | |
| 1. | Automobile Liability Private Passenger Commercial | | | |
| 2. | Automobile Physical Damage
Private Passenger
Commercial | | | |
| 3. | Liability Other than Auto | . | | |
| 4. | Burglary and Theft | - 4 | | |
| 5. | Glass | | | |
| 6. | Fidelity | | | |
| 7. | Surety | | | |
| 8. | Boiler and Machinery | | | |
| 9. | Fire | | | |
| 10. | Extended Coverage | | | |
| 11. | Inland Marine | | | |
| 12. | Homeowners | | | |
| 13. | Commercial Multi-Peril | | | |
| 14. | Crop Hail | | | |
| | Workers' Compensation | 14,051,627 | -5.5% | |
| 16. | Other Line of Insurance | | | |
| Do | es filing only apply to certain territory (territo | ries) or certain classes? If so, specify | No | |
| the
Jai | ef description of filing (if filing follows rates of approved NCCI rates effective January 1, 2015. We are maintaining our se are also adopting Item Filings B-1426 | 7 1, 2014. We are filing to adopt the a
selected class deviations previously a | pproved NCCI rates effect | |
| * | Adjusted to reflect all prior rate changes.
Change in company's premium level which | | nith Insurance Company Name of Company | |
| | | Jason Clarke, Ex | ecutive Vice President & C | Chief Actuary |